STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

SUBSCRIPTION AGREEMENT
CALIFORNIA LIFE & HEALTH INSURANCE GUARANTEE ASSOCIATION

CDI-026 (Rev. 11/2015)

WHEREAS, the undersigned is an insurer licensed or which holds a Certificate of Authority in the State of California or is applying for a Certificate of Authority or an amended Certificate of Authority in the State of California to transact any kind of insurance for which coverage is provided under Section 1067.02 of the California Insurance Code and includes any insurer whose license or Certificate of Authority in this State may be suspended, revoked, not renewed, or voluntarily withdraw; and

WHEREAS, in consideration of the California Life and Health Insurance Guarantee Association providing each member insurer's policyholders with protection, subject to certain limitations, against failure in the performance of contractual obligations under life and health insurance policies and annuity contracts specified in Section 1067.02 of the California Insurance Code because of the impairment, insolvency, or the inability of the member insurer to fulfill its contractual obligations under its issued policies or contracts; and

WHEREAS, membership in said Association is a condition to granting or retention of the subscribing insurer's California Certificate of Authority while it is authorized to transact or transacts any kind of class of insurance in this State covered by said Article 14.7 (commencing with Section 1067);

NOW, THEREFORE, the undersigned insurer, in consideration of the foregoing membership in said Association, agrees to perform the duties and discharge the obligations under the applicable statutes and regulations and abide by the Plan of Operation of the California Life and Health Insurance Guarantee Association as the same are now in force and effect or as may be hereafter amended. A copy of the Plan of Operation is available from the Association's offices at P.O. Box 17319, Beverly Hills, CA 90209-3319, (213) 782-0182.

This Subscription and Agreement shall be deemed to have been executed in the State of California and the interpretation and enforcement thereof shall be governed by the laws of that State.

IN WITNESS WHEREOF, the said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at _____, State of _____, this _____ day of _____ 20_____.

_____
Name of Insurer

By: _____ By: _____
President Secretary

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ before me, _____
(Notary Public)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)